

**EIGHTH OFF-SITE CORRECTIVE ACTION PLAN  
ASSESSMENT**

of

**FLORIDA WOMEN'S RECEPTION CENTER**

for the

Physical and Mental Health Survey  
Conducted September 16-17, 2015

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CAP Assessment Distributed on October 31, 2018

## **Corrective Action Plan (CAP) Assessment of FWRC**

### **I. Overview**

On September 16-17, 2015, the Correctional Medical Authority (CMA) conducted an on-site physical and mental health survey of Florida Women's Reception Center (FWRC). The survey report was distributed on October 12, 2015. In addition, as a result of findings considered by the survey team to be very serious and requiring immediate attention by the Department, an emergency notification, in accordance with s. 945.6031 (3), F.S., was transmitted to the Secretary of Corrections on September 22, 2015.

The emergency notification informed the Secretary that serious deficiencies were identified including significant delays in treatment and inmate care. These delays in treatment affected multiple areas of inmate physical and mental health care which included medication administration, follow-up with on-site providers, delays in outside consultations, and clinical review including the timely follow-up of abnormal labs and diagnostic services. Of additional concern was the notable disorganization of medical records. Multiple portions, and in some cases, whole records could not be located. Other records were thinned but not in compliance with Department policies and procedures.

On September 25, 2015, the CMA received a copy of the Department's corrective action plan addressing the emergency findings. The plan outlined detailed strategies to ensure care deficiencies would be immediately identified and addressed. Additionally, health care systems and processes would be revised to ensure health care staff were operating in accordance with Department policies.

In November 2015, FWRC submitted and the CMA approved, the institutional corrective action plan which outlined the efforts to be undertaken to address the findings of the September 2015 survey. These efforts included in-service training, physical plant improvements, and the monitoring of applicable medical records for a period of no less than 90 days.

On December 17, 2015, CMA staff made a site visit to FWRC to assess the progress made towards addressing issues identified in the emergency notification. While this was not a formal CAP assessment, CMA staff wanted to ensure the emergency findings were being addressed appropriately. Staff received updates from institutional and regional staff, reviewed monitoring documentation, and reviewed portions of medical records pertinent to the emergency findings. Based on the assessment of monitoring documentation and limited record review, it appeared issues identified were being monitored accurately and progress was being made to ensure correction.

On February 9, 2016, CMA staff requested access to monitoring documents to assist in determining if an on-site or off-site assessment should be conducted. Based on the documents provided, CMA staff conducted an on-site CAP assessment on March 2, 2016 to evaluate the effectiveness of corrective actions taken by institutional staff. The findings directly related to the emergency notification were identified in the survey report as emergency findings (EF). Other findings were "stand alone" findings and were not necessarily major contributing factors to the emergency notification. The CAP closure files revealed sufficient evidence to determine that 26 of 52 physical health findings and 19 of

59 mental health findings were corrected. One physical health finding was added for in-service training, monitoring, and corrective action.

On May 12, 2016, CMA staff requested access to monitoring documents to assist in determining if an on-site or off-site assessment should be conducted. Based on the documents provided, an on-site CAP assessment was conducted on June 28, 2016 to evaluate the effectiveness of corrective actions taken by institutional staff. The CAP closure files revealed sufficient evidence to determine that 8 of 27 physical health findings and 9 of 40 mental health findings were corrected.

On October 25, 2016, CMA staff requested access to monitoring documents to assist in determining if an on-site or off-site assessment should be conducted. Based on the documents provided, an on-site assessment was conducted on December 1, 2016 to evaluate the effectiveness of corrective actions taken by institutional staff. The CAP closure files revealed sufficient evidence to determine that 2 of 19 physical health findings and 9 of 31 mental health findings were corrected.

On February 17, 2017, CMA staff requested access to monitoring documents to assist in determining if an on-site or off-site assessment should be conducted. Based on the documents provided, CMA staff conducted an on-site assessment on March 31, 2017 to evaluate the effectiveness of corrective actions taken by institutional staff. The CAP closure files revealed sufficient evidence to determine that 9 of 17 physical health findings and 15 of 24 mental health findings were corrected. One physical health finding was added for in-service training, monitoring, and corrective action.

On July 24, 2017, CMA staff requested access to monitoring documents to assist in determining if an on-site or off-site assessment should be conducted. Based on the documents provided, CMA staff conducted an on-site assessment on August 23, 2017 to evaluate the effectiveness of corrective actions taken by institutional staff. The CAP closure files revealed sufficient evidence to determine that 5 of 9 physical health findings and 7 of 9 mental health findings were corrected.

On December 8, 2017, CMA staff requested access to monitoring documents to assist in determining if an on-site or off-site assessment should be conducted. Based on the documents provided, CMA staff conducted an on-site assessment on January 9, 2018 to evaluate the effectiveness of corrective actions taken by institutional staff. The CAP closure files revealed sufficient evidence to determine that 3 of 4 physical health findings and 2 of 2 mental health findings were corrected.

On April 23, 2018, CMA staff requested access to monitoring documents to assist in determining if an on-site or off-site assessment should be conducted. Based on the documents provided, CMA staff conducted an on-site assessment on May 8, 2018 to evaluate the effectiveness of corrective actions taken by institutional staff. The CAP closure files revealed sufficient evidence to determine that 0 of 1 physical health findings were corrected.

On September 25, 2018, CMA staff requested access to monitoring documents to assist in determining if an on-site or off-site assessment should be conducted. Based on the documents provided, CMA staff conducted an off-site assessment on October 31, 2018 to evaluate the effectiveness of corrective actions taken by institutional staff. Items II and III

below describe the outcome of the CMA's evaluation of the institution's efforts to address the remaining finding.

## II. Physical Health Assessment Summary

The CAP closure files revealed sufficient evidence to determine that 1 of the 1 physical health findings were corrected. All physical health findings are closed.

Finding	CAP Evaluation Outcome
<p><b><u>PERIODIC SCREENINGS</u></b></p> <p><b>PH-42: In 4 of 6 applicable records (7 reviewed), there was no evidence that all required diagnostic tests were performed 7-14 days prior to the screening.</b></p>	<p><b>PH-42 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-42.</p>

## III. Mental Health Assessment Summary

All mental health findings were closed on the sixth CAP assessment.

## IV. Conclusion

All findings as a result of the September 2015 survey are closed and no further action is required. The CMA appreciates the efforts to improve services and documentation at this institution and continues to encourage ongoing quality improvement activities to ensure that the proper provision of health care services is maintained.